

03/11/2008 08:05 3109378600

ONE STOP SERVICES

PAGE 82/82

1 back of the check which has a signature of "Clyde R. Spencer." A true and correct copy of the
 2 front and back of the check I reviewed is attached as Exhibit A to this declaration.

3 3. The signature on the back of the check in Exhibit A is a forgery. I did not sign
 4 the check, nor did I give anyone permission to sign my name.

5 4. I have also reviewed an "Affidavit of Forged Endorsement," a true and correct
 6 copy of which is attached as Exhibit B to this declaration. I recognize my signature on the
 7 affidavit.

8 5. I filled out and signed the Affidavit of Forged Endorsement on July 22, 1985,
 9 after I learned that my name had been forged on the above-described check.

10 6. I have also reviewed a copy of a quitclaim deed purported to be signed by me as
 11 Grantor for the property located at 17681 Lincoln Falls Road in Yacolt, Washington dated March
 12 15, 1985. A true and correct copy of this deed I reviewed is attached as Exhibit C to this
 13 declaration.

14 7. The signature "Clyde Ray Spencer" is a forgery. I did not sign the deed, and I
 15 did not have anyone permission to sign my name.

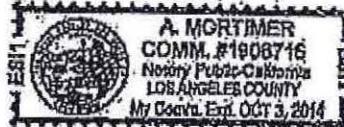
16 I declare under penalty of perjury that the foregoing is true and correct.

17 DATED this 12th day of December, 2012 in Downers Grove, Illinois

18 
 19 Clyde Ray Spencer

20 Signed and Subscribed to Before Me
 21 this 17 day of December, 2012

22 
 23 _____
 24 Notary Public



26 DECLARATION OF CLYDE RAY SPENCER
 27 (C11-5424BHS) — 2

Kathleen T. Bellamy & Associates, P.C.
 1400 Biscayne Boulevard
 Suite 650
 Miami, Florida 33132

Spencer006057

STATE OF WASHINGTON
X OFFICE OF STATE TREASURER
OLYMPIA

3-11-85
83
FUND 879 SYS # 565-70-8292 PAYMENT NUMBER 448918J
PAID MAR 11, 1985 07260 PM 02 20 85
PAY TO THE ORDER OF SPENCER, CLYDE R
17681 LUCIA FALL RD
YACOLT WA 98675
AMOUNT \$12,994.51
03-02-85 55002842 05 20312222

ROBERT S. O'BRIEN, STATE TREASURER

44891810 02251055760

X00012994510

PAY ANY BANK PEG
PROCESSED OREGON
03-02-85 55002842 05 20312223

PR 85 11 P
FIRE SEATTLE
PAY ANY BANK
03-02-85 55002842 05 20312223

PR 85 09 P
PR BY PORTLAND
03-02-85 55002842 05 20312223
PACIFIC BANK



Spencer006058

AFFIDAVIT OF FORGED ENDORSEMENT

STATE OF WASHINGTON

COUNTY OF

565-70-8292
01/17
879 FUND
WARRANT NO. 44-8918 J

I, Clyde R. Spencer, being the rightful owner of the State of Washington's Warrant No. 11489187 dated 2-20, 1985, in the amount of \$12,994.51 dollars, do hereby certify that my name as signed on the back of the said warrant is a forgery, and that I have not received nor endorsed the said warrant, neither have I been benefited in any way from the proceeds therefrom.

Clyde Ray Spence

Witnesses if signed by "X"

NAME
IMKE SOUTH R.M. E-205
PO BOX 900
SHELTON, WA 98584

WATER

113

Subscribed to and sworn before me this 22 day of July 1965.

Fairy Fleming
Notify Public in and joⁱⁿ the State of
Washington, residing in Seattle, Wa



**PIONEER NATIONAL
TITLE INSURANCE**

ANCON COMPANY
Filed for Record at Request of

AFTER RECORDER MAIL, PH.

Carl P. Burkhardt Jr.

1001 N.W. 11th Ave.

Vancouver, W.A. 98605

THIS RECORD REQUESTED BY

6508250154

SEARCHED

66

Quit Claim Deed

TO: **Carl P. Burkhardt Jr. and wife, Patricia Burkhardt,**

163562

AS ASSUMPTOR OF DEED DATED

6/1/19

CONVEYING THE FOLLOWING TRACTS OF LAND:

Carl P. Burkhardt Jr. and wife, Patricia Burkhardt,

of the County of Clark, Washington, in the County of Clark

and in the State of Washington, in the following manner:

Beginning at a point in the center of the Vancouver-Yacolt Road at the intersection of said road and the South line of the East 1/4 of the Southeast quarter of the Northwest corner of Section 18, Township 4 North, Range 3 East of the Willamette Meridian, in Clark County, Washington running thence Easterly 75 feet, more or less, along said County Road; thence South to the North bank of the East Fork of the Lewis River; thence Easterly along the North bank of said River 75 feet, more or less; thence North to the point of beginning; said tract to be 75 feet wide East and West.

ALSO, beginning at a point in the center of the County Road which is 75 feet East of the center line of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian; thence South to the North bank of the East Fork of the Lewis River; thence Easterly 25 feet, more or less, along the North bank of the River; thence North to the center of the County road; thence West to the point of beginning. Said tract to be 25 feet wide at any point.

ALSO, beginning at a point located in the center of the Yacolt-Battle Ground Highway; said point being on the East line of that certain tract of land at this date owned by my Lass and described as follows:

All that portion of the Southeast quarter of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian, lying North of the East Fork of the Lewis River in Clark County, Washington; thence South to the North bank of said Lewis River; thence Easterly along the Lewis River 40 feet; thence North to the center of the above Yacolt-Battle Ground Highway; thence East 40 feet to the point of beginning.

EXCEPT County Roads.

ALSO, the West 15 feet, measured at right angles to the West line thereof, of that portion of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian in Clark County, Washington, described as follows:

Beginning at a point on the Southerly line of County Road No. 12, that is 1217.02 6274 feet West of the East line of the Northwest quarter of said Section 18; said point being the Northwest corner of the LaFrance C. Larkin and L116 L. Larkin tract, as described in deed recorded under Auditor's File No. 6 553620; thence Easterly along the Southerly line of said County Road No. 12, a distance of 33 feet, more or less, to the Northeast corner of the Shirley J. Turley tract, as described in deed recorded under Auditor's File No. 770929001; thence South along the East line of said Turley tract to the North bank of the East Fork of the Lewis River; thence Easterly along the North bank of said River to the West line of the said Larkin Tract; thence North along said West line, 99 feet, more or less, to the point of beginning.

EXHIBIT

SUPERIOR, GRO
Carl Borchheims
Sep 25 4 22 PM '85
AC-2-JF
DAVID BORCHHEIM

25th day of September, 1985.

Philip Spencer, my

AT&T

0372

My appointed lawyer and Shulkey-Spencer
Individual described in and has selected the right and foregoing instrument, and
the signed this 25th day of September, 1985, for the
attending my signature.

25th day of September, 1985

Philip Spencer
Attn: Shulkey-Spencer
for the effect of Shulkey-Spencer
Attending my signature

8508160171

TO CLEAR TITLE ONLY
QUIT-CLAIM DEED
(Statutory Form)

THE GRANTOR, I - CLYDE RAY SPENCER,
of 17581 LUCIA FALLS ROAD, City of Yacolt
County of Clark, Washington, for and in consideration of
love and affection and to clear title
convey, and grant claim to, SHIRLEY SPENCER as her separate estate
of 17581 Lucia Falls Road
in the City of Yacolt, County of Clark, State of Washington
an interest in the following described Real Estate:

See Exhibit "A" attached hereto and incorporated herein by this reference.

situated in County of Clark, State of Washington.

City of May 5, 1911
Grantor(s).

1893

STATUTE OF WASHINGTON.

County of Clark

5. Endvärdet Aeknungsindemant

I, Marion A. Finley, Notary Public in and for the State of Washington, do hereby certify, that on this 15th day of March, 1945, personally appointed before me Clyde Ray Spencer (to me known to be the individual) described in and who executed the within instrument and acknowledged that he signed the same of his free and voluntary act and for the uses and purposes herein mentioned.

Given under my hand and official seal this 15 day of March

相 聲

Notary Public in and for the State of Washington, residing at Vancouver, in said County.

beginning at a point in the center of the Vancouver-Yacolt Road at the intersection of said County Road and the East line of the Southwest quarter of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian, in Clark County, Washington; running thence Eastward 75 feet, more or less, along said County Road; thence South to the North bank of the East Fork of the Lewis River; thence Westward along the North bank of said river 15 feet, more or less; thence North to the point of beginning; said tract to be 75 feet wide East and West.

Also, beginning at a point in the center of the County Road which is 25 feet East of the center line of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian; thence South to the North bank of the East Fork of the Lewis River; thence Eastward 25 feet, more or less, along the North bank of said river; thence North to the center of the County Road; thence West to the point of beginning. Said tract to be 25 feet wide at any point.

Also, beginning at a point located in the center of the Yacolt-Battle Ground Highway; said point being on the East line of that certain tract of land at this date owned by Hoy Land, and described as follows:

All that portion of the Southwest quarter of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian, lying North of the East Fork of the Lewis River in Clark County, Washington; thence South to the North bank of said Lewis River; thence Westward along the Lewis River 40 feet; thence North to the center of the above Yacolt-Battle Ground Highway; thence East 40 feet to the point of beginning.

EXCEPT County Roads.

ALSO, The tract 15 feet, measured at right angles to the West line thereof, of that portion of the Northwest quarter of Section 18, Township 4 North, Range 3 East of the Willamette Meridian in Clark County, Washington; described as follows:

COMMENCING at a point on the Southerly line of County Road No. 12 that is 1217.02 feet West of the East line of the Northwest quarter of said Section 18, said point being the Northwest corner of the Larkins and Shirley J. Turley tract as described in deed recorded under Auditor's File No. 6-353620; thence Westward along the Southerly line of said County Road No. 12, a distance of 33 feet, more or less, to the Northwest corner of the Shirley J. Turley tract as described in deed recorded under Auditor's File No. 7709294041; thence South along the East line of said Turley tract to the North bank of the East Fork of the Lewis River; thence Eastward along the North bank of said river to the West line of the said Larkins tract; thence North along said West line, 99 feet, more or less, to the point of beginning.

FILED FOR RECORD
CLARK CO. WASH

AUG 16 4 04 PM '05

AUDITOR
DAVID MICHENER

United States District Court
Western District of Washington at Tacoma

CLYDE RAY SPENCER,

Plaintiff,

v.

FORMER DEPUTY PROSECUTING
ATTORNEY FOR CLARK COUNTY JAMES
M. PETERS, et. al.,

Defendants.

NO. C11 5424 BHS

SUBPOENA IN A CIVIL CASE

TO: CLARK COUNTY SHERIFF'S OFFICE, RECORDS CUSTODIAN

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date and time specified below (list documents or objects):

Any and all documents which bear the signature of former Clark County Sheriff's Office, Civil Unit clerk "Menona D. Landrum" as Notary Public and are dated between January 1, 1985 and December 31, 1991.

Any and all documents, including but not limited to work schedules, rosters, time or wage records, etc. which identify employees of the Clark County Sheriff's Office working at the Clark County Jail between February 28, 1985 and July 1, 1985.

Any and all documents, audiotapes and/or videotapes that record or identify visitors to the Clark County Jail, including law enforcement officers visiting inmates of the jail, for the time period of February 28, 1985 through July 1, 1985.

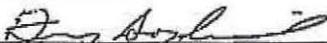
Any and all documents, policies or procedures governing visitation of inmates in the Clark County Jail, including visitation of jail inmates by law enforcement officers, for the time period of February 28, 1985 through July 1, 1985.

PLACE:
Clark County Sheriff's Office / Clark County Law Enforcement Center
707 West 13th Street
Vancouver, WA 98660

DATE AND TIME
March 8, 2013 at 10 a.m.

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER SIGNATURE AND TITLE INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT


Guy Bogdanovich, WSBA #14777
Attorney for Defendant Sharon Krause

DATE February 20th, 2013

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

Guy Bogdanovich, P.O. Box 11880, Olympia, WA 98508-1880 (360) 754-3480

Exhibit 44
Menona Landrum
Date: 3-18-13
Rider & Associates
800-869-0864

PROOF OF SERVICE

SERVED Clark County Sheriff's Office, Records Custodian	DATE February 20 th , 2013	PLACE Clark City Law Enf. Center PO Box 410 Vancouver, WA 98666
SERVED ON (PRINT NAME) Clark County Sheriff's Office, Records Custodian	MANNER OF SERVICE US Mail	
SERVED BY (PRINT NAME) Lisa Gates	TITLE Secretary	

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on 2/20/13

Date



Signature of Server

PO Box 11880, Olympia, WA 98508-1880

Address of Server

Rule 45, Federal Rules of Civil Procedure, Parts C & D

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2)(A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (c)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3)(A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person except that, subject to the provisions of clause (c)(3)(D)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held, or

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies, or

(iv) subjects a person to undue burden.

(B) if a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

OFFICE AND PROFESSIONAL EMPLOYEES UNION,
LOCAL #11 - LAW & JUSTICE DIVISION
AUTHORIZATION FOR PAYROLL DEDUCTION

I hereby authorize Clark County to deduct the following commencing in _____ (month) as my month's dues to the Office and Professional Employees Union, Local #11:

Effective January 1, 1978... \$ 16.00

and become due to it as my membership dues in said Local #11, including all monies owed the Local by me in accordance with the Constitution and By-Laws of the Office and Professional Employees Union, Local #11, following the execution of this document and remit the same monthly to the Secretary-Treasurer of the Office and Professional Employees Union, Local #11 at their office in Portland, Ore.

cc
opeu #11
afl-cio

Minona A Landrum
Employee Signature

APPENDIX "C"
CLARK COUNTY, WASHINGTON

EMPLOYEE ORGANIZATION MEMBERSHIP DUES.
PAYROLL DEDUCTION AUTHORIZATION FORM.

I, Minona A Landrum, having become a member of the Office & Professional Employees Union, Local #11, Law & Justice Division - CCDSA, do hereby voluntarily authorize Clark County as my Employer to deduct from my accrued earnings the amount of my monthly dues and, if permitted by contract, initiation fees in the above-named organization.

I understand that I may withdraw this authorization at such time as I desire to make other payment arrangements directly with the employee organization involved.

Signed Minona A Landrum
(Name of Employee)

Date: 9/11/81
Month/Day/Year

000001

cc
opeu #11

LAST NAME Landrum	FIRST NAME Henona	INITIAL D	MALE/FEM XX	SOCIAL SECURITY NUMBER ██████████	
ADDRESS 5804 N.E. 90th Ave.,				LIFE INS. CLASS 2,500	POLICY NO. 92541
CITY Vancouver	STATE WA	COUNTY Clark	ZIP CODE 98662	AMOUNT N/A	EFFECTIVE DATE 4/71
SINGLE/MAR. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	DIV./WIDOW/ER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BIRTHDATE 05-28-28	OCCUPATION clerk	DATE EMPLOYED FULL TIME 04-01-1971	ANNUAL SALARY N/A
NAME OF EMPLOYER Clark County				ADDRESS P O Box 5000	CITY Vancouver
				STATE WA	ZIP CODE 98668
ARE YOU OR ANY MEMBER OF YOUR FAMILY COVERED BY ANOTHER GROUP PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				NAME OF CARRIER	
				GROUP OR ACCT. NO.	
<input type="checkbox"/> I AM ENROLLING MYSELF ONLY		<input type="checkbox"/> I AM ENROLLING MYSELF & DEPENDENTS (LIST DEPENDENT INFORMATION BELOW)		RELATIONSHIP CODES	
LEGAL SPOUSE (FULL NAME)		IS SPOUSE EMPLOYED? <input type="checkbox"/> NO <input type="checkbox"/> YES		DATE OF BIRTH MONTH DAY YEAR	SEX M/F
NAME OF ALL ELIGIBLE CHILDREN		DOES CHILD RESIDE WITH YOU? <input type="checkbox"/> NO <input type="checkbox"/> YES			
		<input type="checkbox"/> NO <input type="checkbox"/> YES			
		<input type="checkbox"/> NO <input type="checkbox"/> YES			
		<input type="checkbox"/> NO <input type="checkbox"/> YES			
		<input type="checkbox"/> NO <input type="checkbox"/> YES			
→ IMPORTANT: IF YOU ARE ENROLLING A DEPENDENT CHILD AGE 19 OR OLDER, COMPLETE THE STUDENT INFORMATION ON THE REVERSE SIDE.					
BENEFICIARY (EXAMPLE: MARY JANE DOE - NOT MRS. JOHN DOE) Joseph E. Landrum					
RELATIONSHIP husband					
FIRST FARWEST INSURANCE COMPANIES FIRST FARWEST LIFE INSURANCE CO		I hereby request the amount(s) and form(s) of insurance coverage for which I am or may become eligible under the insurance policy or policies issued by the insurance company and authorize the deduction from my earnings of the amount required to cover my share of the premiums, if any. I reserve the right to revoke this deduction authorization at any time on written notice. I furthermore authorize the insurance company to release to the group policyholder any and all information about me and my dependents for the purpose of administering the group insurance plan and compiling informational reports. This authorization for release of information shall remain valid for a period of one year from the date the enrollment card is signed.			
FIRST IN SERVICE		FOR HOME OFFICE USE ONLY <input type="checkbox"/>	DATE SIGNED Aug. 25, 1987	SIGNATURE (DO NOT TYPE OR PRINT) X/11.	
FORM NO 3-028 (7/87) 650-93 INFORM GRAPHICS INC (503) 604-2631					

RETAIN - GROUP FILE COPY

000002

MARCH 6, 1990

TO: Sheriff Kanekoa:

Would you consider my eligibility to participate in the Incentive program at Level 11 (10%)? I believe I should qualify based upon the 19 years I have spent with the Sheriff's Department and the personal responsibility I have taken over the years to ensure our civil division operate with efficiency and progressive professionalism.

As you know, the chart used to determine the number of points necessary to qualify for 10% incentive pay stops after 12 years of service. However, after the 8th year of service, the number of training and education points are reduced in increments of 5 until year 12. If we were to continue to project out these numbers, I believe you would find that after 18 years of service with the department, employees automatically qualify for 10% incentive pay by simple reason of longevity.

In addition, I have acquired a great deal of civil expertise over the years. However, this information was not gained through formal classroom training but rather by contacts made by me through a personal desire to build a highly knowledgeable civil division within the Sheriff's Department. Little of this knowledge is documentable. However, I believe it is reflected in my evaluations over the years and to some degree in the quality of performance seen within our civil division today.

~~For reason of longevity and based upon my performance evaluations for the past 19 years, I am asking you to consider my application for a 5% increase in incentive pay.~~

Thank you.


Ronie Landrum

000003

TO: SUE POLING, ACCOUNTING
FROM: SHERIFF KANEKOA
DATE: FEBRUARY 20, 1990
SUBJECT: DEDUCTION AUTHORIZATION FOR OVERPAYMENT

EMPLOYEE: NONIE LANDRUM

I, NONIE LANDRUM, HAVE RECEIVED AN OVERPAYMENT IN MY WAGES IN THE AMOUNT OF \$664.00. DURING JULY 1989 THRU JANUARY 1990 THE INCENTIVE PAY WAS CALCULATED AS 10% VERSUS THE 5% I SHOULD RECEIVE ON A MONTHLY BASIS RESULTING IN AN OVERPAYMENT. I AM SIGNING THIS AGREEMENT FOR REPAYMENT OF THOSE FUNDS AS INDICATED BELOW AND AUTHORIZE THAT THE PAYMENTS BE MADE BY PAYROLL DEDUCTION.

AMOUNT OF TOTAL OVERPAYMENT
FROM JULY 1989 THROUGH
JANUARY 1990: \$664.00

REPAYMENT SCHEDULE	
FEBRUARY 28, 1990 THRU	\$ 98.00 MONTHLY
JULY 31, 1990	\$ 76.00
AUGUST 31, 1990	
	\$664.00

THE AMOUNT OF INCENTIVE ACTUALLY EARNED EACH MONTH WOULD GO TOWARD REPAYMENT.

Nonie Landrum
NONIE LANDRUM, CIVIL OFFICER

2-21-90
DATE

Frank Kaneoka
FRANK KANEKOA, SHERIFF

2-21-90
DATE

/LH

000004

Health Enrollment Application

PLEASE PRINT FIRMLY OR TYPE

(Check One) General County *Sheriff* LEOFF I LEOFF II Special Agency/District Agency/Dist. Name

Dept. Name

Agency/Dist. Name

PLEASE COMPLETE ALL AREAS OF THIS FORM. LIST ALL FAMILY MEMBERS YOU WISH COVERED AT THIS TIME.

Employee Name **XXXXXXXXXXXXXX** LANDRUM, Menona D.

(Last)

(First)

(Middle)

Address 5804 N.E. 90th Ave., City Vancouver State Wa.

(Last)

(First)

(Middle)

Zip 98662 Social Security Number Birth Date 5-28-28

(Include Apt. Number)

(Month)

(Day)

(Year)

Home Phone 206 892 4830 Business Phone (6) 699 2225 Hire Date April 01 1971

Marital Status: Sgl Mar Wid Div Sep Sex: M F

(Month)

(Day)

(Year)

REASON FOR ACTION (Check as Applicable)

New employment enrollment Change benefit elections (complete entire form) Change dependent coverage
 Add: Marriage/Date _____ Delete: Name _____
 Birth or Adoption/Date _____ Reason _____

CHANGE IN STATUS (Check as Applicable) If you are requesting COBRA information for dependent loss of coverage, please attach written request and appropriate documentation (i.e., legal separation/divorce decree, termination letter from insurance carrier, etc.).

Termination of Employment _____ Divorce or Legal Separation _____ Child's loss of Dependent Status _____
 (Date) (Date) (Date)
 Death of Employee _____ Reduction in Hours _____
 (Date) (Date)

BENEFITLECTION (Check as Applicable): MEDICAL: Blue Cross Kaiser DENTAL: Washington Dental Service

Check the following as applicable. This information is also needed for federal reporting requirements (IRC Section 89).

1. I wish to cover my eligible dependents as follows: Dependents to be covered (please print):

Soc. Sec. No.	Last Name	First Name/Mid Init	Date of Birth	Sex	Relationship
523 28 4939	Landrum,	Joseph. E.	6-16-29	M.	husband

I have elected to cover my dependents and they also have other group coverage. Please indicate the employer and plans (or insurance carrier) under which they are covered.

State Plan(s): Medical Dental Vision

Name of Group Employer: Clark Public Utilities

Name of Your Dependents Covered by Other Plan(s): Landrum, Joseph E.
 (Last) (First) (Middle) (Last) (First) (Middle)

(Last) (First) (Middle) (Last) (First) (Middle) (Last) (First) (Middle)

2. My dependents listed below have no other group coverage but I do not wish to cover them.

(Last) (First) (Middle) (Last) (First) (Middle) (Last) (First) (Middle)

3. My dependents have other group coverage and I do not wish to cover them. Please indicate the employer and plans (or insurance carrier) under which they are covered.State Plan(s): Medical Dental Vision

Name of Group Employer:

Name of Your Dependents Covered by Other Plan(s): (Last) (First) (Middle) (Last) (First) (Middle)

(Last) (First) (Middle) (Last) (First) (Middle) (Last) (First) (Middle)

4. I have no eligible dependents.

EMPLOYEE CERTIFICATION: Under penalty of perjury, I declare that the information I have furnished above is, to the best of my knowledge and belief, true, accurate, and complete.

Employee's Signature: *John M. Landrum* Date Signed: *2-17-13*

PERSONNEL USE ONLY: Effective Date of Coverage 05/05/2005 Dist. Name: _____

Title/Original: Personnel Yellow: Medical Insurance Pink: Dental Insurance Silver: Life Insurance

REQUEST FOR PAY IN LIEU OF PDO FOR
NON UNIFORMED LOCAL 11 CONTRACT EMPLOYEES

NAME: LANDRUM, MENONA 07/90

SSN#: [REDACTED] 0001 000-250-0028

PRESENTLY I HAVE 275.28 AVAILABLE TO USE.
YOUR AVAILABLE PDO HOURS DO NOT INCLUDE TIME TAKEN IN JULY.
BASED ON THE CONTRACT I MAY REQUEST PAY IN LIEU OF PDO
FOR THE AMOUNT OF ONE REGULAR WORK WEEK.
MY REGULAR WORK WEEK IS 40 HRS

BY COMPLETING THE FOLLOWING INFORMATION I, UNDERSTAND THAT
I WILL NOT BE ELIGIBLE FOR THIS OPTION UNTIL THE FOLLOWING
CALENDAR YEAR.

PLEASE INDICATE YOUR SELECTION BELOW.

X I DO NOT WISH TO SELL BACK ANY OF MY PDO TIME

I REQUEST TO SELL BACK _____ HRS OF PDO TIME

Menona D. Lundrum

SIGNATURE

8.13.90

PAYROLL SIGNATURE

DATE

PLEASE RETURN THIS FORM ASAP.
THIS ENABLES PAYROLL TO PROCESS FOR AUGUST PAYROLL
REGARDLESS OF WHAT YOU CHOOSE, PLEASE RETURN THIS FORM TO PAYROLL

000006

WITHDRAWAL FROM LAW AND JUSTICE ASSOCIATION

LANDRUM MENONA

SO28
0001 000-250

I REQUEST NO FURTHER DEDUCTIONS FOR THE
LAW AND JUSTICE ASSOCIATION BE TAKEN FROM
MY PAYCHECK. THIS WILL BE EFFECTIVE AS OF
JULY 1, 1989.

THIS IS MY OFFICIAL NOTICE TO PAYROLL AS IS
NOTED BY MY SIGNATURE AND DATE BELOW.

Menona & Landrum 6-23-89
SIGNATURE DATE

THIS FORM MUST BE SUBMITTED TO PAYROLL
BY JULY 7, 1989. ANY LATER AND DEDUCTION
WILL CONTINUE FOR MONTH OF JULY.

000007

Form **W-4A**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010

1987

1 Type or print your full name Menona D. Landrum	2 Your social security number [REDACTED]	
3 Home address (number and street or rural route) 5804 N.E. 90th Ave.	3 Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</small>	
4 City or town, state, and ZIP code Vancouver, Wa. 98662	4 Total number of allowances you are claiming (from line G above, or from the Worksheets on back if they apply) 4	
5 Additional amount, if any, you want deducted from each pay [REDACTED]	5 \$ 40.00	
6 I claim exemption from withholding because (check boxes below that apply): a <input type="checkbox"/> Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND b <input type="checkbox"/> This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here Year 19 c Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	6 7 8 9	
<small>Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or, if claiming exemption from withholding, that I am entitled to claim the exemption(s).</small> Employee's signature <i>Menona D. Landrum</i> Date 07-01-1987		
7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS)	8 Office code	9 Employer identification number

Form 1040
Department of the Treasury
Internal Revenue Service

► For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

1987

1 Type or print your full name

Menona Dawn Landrum
Home address (number and street or rural route)

5804 N.E. 90th Ave.
City or town, state, and ZIP code

Vancouver, wa. 98662

2 Your social security number

3 Marital Status

Single Married

Married, but withhold at higher Single rate

Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

4 Total number of allowances you are claiming (from the Worksheet on page 3)

5 Additional amount, if any, you want deducted from each pay (see Step 4 on page 2)

6 I claim exemption from withholding because (see Step 2 above and check boxes below that apply):

a Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND

b This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here

Year
19

c If you entered "EXEMPT" on line 6b, are you a full-time student?

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature

Menona Dawn Landrum Date: February 11, 1987

7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS)

Clark County Auditor

1200 Franklin Vancouver, Wa 98660

8 Office code

9 Employer identification number

91-6001299

000009